

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 6/16/03.

I. DISPUTE

Whether there should be reimbursement for CPT code 99284, emergency department visit for evaluation and management on date of service 11/26/02. The respondent denied as 'N'-not documented.

II. RATIONALE

- The requestor submitted to medical dispute with the TWCC 60, HCFA and denial from respondent.
- The requestor was sent a form letter on 7/1/03, requesting that medical documentation be submitted for review.
- The respondent, as of this date, has not submitted any report to support the level of service billed.
- According to 1996 Medical Fee Guideline, Evaluation and Management Ground Rules, the appropriate level of billing would be determined by the report. Therefore, reimbursement cannot be recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement for CPT code 99284.

The above Findings and Decision are hereby issued this 28th day of January 2004.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl